FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J69628** **(2)**

1. Corporation Name

STEFFEE & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1407 NE 77TH STREET OCALA FL 34479 US	P.O. BOX 1348 ANTHONY FL 32617-1348 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **04/23/1987**	3a. Date of Last Report: **02/14/1995**
4. FEI Number: **59-2793027**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

STEFFEE, KATHLEEN K.
1403 NE 77TH STREET
OCALA FL 34479

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 1401 NE 77th St

83

84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Kathleen K Steffee — KATHLEEN K STEFFEE (Name of Registered Agent) — DATE: 4/29/96

12. OFFICERS AND DIRECTORS		
TITLE	P	☐ DELETE
NAME	CLAY, STEFFEE J.	
STREET ADDRESS	1403 NE 77TH STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	V	☐ DELETE
NAME	THIBODEAU, JOSEPH A.	
STREET ADDRESS	833 N SUMMIT	
CITY-ST-ZIP	LAKE HELEN FL	
TITLE	ST	☐ DELETE
NAME	STEFFEE, KATHLEEN K.	
STREET ADDRESS	1403 NE 77TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	CLAY STEFFEE J	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	PO BOX 1331	NA
1.4 CITY-ST-ZIP	ANTHONY, FL 32617	
2.1 TITLE	V	☐ Change ☐ Addition
2.2 NAME	JOSEPH A. THIBODEAU	
2.3 STREET ADDRESS	833 N SUMMIT	
2.4 CITY-ST-ZIP	LAKE HELEN, FL	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME	NO change	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☒ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen K Steffee — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/29/96 — Daytime Phone #: 352 622 2112

CR2E034 (12/95)